

UCI

| | |
|---|---|
| Social Security Number: - - | Name: |
| Driver's License Number: | Current Phone Number: () - |
| State of Driver's License: | E-mail Address: |

BACKGROUND PRE-EMPLOYMENT INVESTIGATIONS

Background: Since Sandia National Laboratories is a National Laboratory concerned with national security, most Members of the Workforce, including Sandia Corporation (Sandia) employees, contractors and consultants, are required to hold a security clearance. These are known as "Q" or "L" clearances. The U.S. Department of Energy (DOE) handles the processing of applications and any investigations, and issues the clearance.

Sandia is also required to perform certain pre-employment background investigations, which includes checking personal references, criminal history, credit, local law enforcement records, and previous employment/educational background.

Instructions: The information you provide in this application will be used to obtain background checks and will not be used for any other purpose. To facilitate processing, please provide complete and accurate information in all blanks. TYPE OR PRINT IN INK. Add sheets if necessary.

| | | |
|--|--|----------------|
| 1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, what country are you a citizen of? | |
| 2. Do you hold dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is your dual citizenship? | |
| 3. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give the date and what type of clearance you held (DOE, DoD, etc.). | |
| 4. Have you ever been convicted of a crime? (Convictions will not be an absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain. | |
| 5. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain. | |
| 6. Are you currently using, or in the past six months have you illegally used or experimented with any narcotic, hallucinogen, stimulant, depressant, or hashish, or other controlled drug? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide date of last use and what was used. | |
| 7. Have you ever been discharged or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give employer's name, address, dates of employment and describe the circumstances. | |
| 8. Have you ever been convicted of a felony or has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please furnish the details. | |
| 9. By what other names are you known, or have you been known in the past? | | |
| 6. Date of Birth / / | Place of Birth (City and State or Province) | Country |

7. Residences

Please fill in your addresses for the past 5 years, starting with your current address. Add additional sheets if necessary.

Current Address

If your current address is a school address, please list here and put permanent home address below.

Street Address

City

State or Province

Postal Code

Residence History

UCI

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|---------------------------------------|--|----------------|-------------------|--|-------------|
| Social Security Number: – – | | | Name: | | |
| Month/Year / to / | | Street Address | | | |
| City | | | State or Province | | Postal Code |
| Month/Year / to / | | Street Address | | | |
| City | | | State or Province | | Postal Code |
| Month/Year / to / | | Street Address | | | |
| City | | | State or Province | | Postal Code |
| Month/Year / to / | | Street Address | | | |
| City | | | State or Province | | Postal Code |

8. Employment, Unemployment, Military, Student Status for the last three years

Regardless of employment status, please complete time periods. Please document your employment, unemployment, military, and student status for the last 3 years. Start with your current status and work backwards. Indicate status by checking the applicable box on the first line of each time block. Then, complete applicable information. Place an "N/A" in blocks that do not have information in them. Add additional sheets if necessary by photocopying this form. If gaps in time occur, delays will occur in the pre-employment investigation and in turn delay potential start dates.

May we contact your current employer? ☐ Yes ☐ No

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

| | | | | |
|--|--|---|-------------------|---|
| Employer/Verifier Name or Military Duty Location | | | Supervisor's Name | |
| Month/Year / to / | | Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | Your Position Title/Military Rank |
| Employer's/Verifier's Street Address | | | | |
| City | | State or Province | Postal Code | Supervisor's/Verifier's Telephone Number () - |

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

| | | | | |
|--|-------------------|---|---|-----------------------------------|
| Employer/Verifier Name or Military Duty Location | | | Supervisor's Name | |
| | | | | |
| Month/Year / to / | Month/Year | Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | Your Position Title/Military Rank |
| Employer's/Verifier's Street Address | | | | |
| City | State or Province | Postal Code | Supervisor's/Verifier's Telephone Number () - | |

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

| | | | | |
|--|--------------------|---|-----------------------------------|---|
| Employer/Verifier Name or Military Duty Location | | | Supervisor's Name | |
| Month/Year / | Month/Year to / | Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time | Your Position Title/Military Rank | |
| Employer's/Verifier's Street Address | | | | |
| City | | State or Province | Postal Code | Supervisor's/Verifier's Telephone Number () - |

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

| | | | | |
|--|--------------------|---|-----------------------------------|---|
| Employer/Verifier Name or Military Duty Location | | | Supervisor's Name | |
| Month/Year / | Month/Year to / | Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time | Your Position Title/Military Rank | |
| Employer's/Verifier's Street Address | | | | |
| City | | State or Province | Postal Code | Supervisor's/Verifier's Telephone Number () - |

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9. Personal References

List two persons over the age of 18 whom you have known for at least 2 years, not relatives or employers, whom we may contact to acquire a personal reference.

| | | | |
|----------------|-------------------|-----------------|--|
| Name | | Known how long? | Telephone Number |
| Street Address | | | Home: () - Work: () - |
| City | State or Province | Postal Code | Country |

| | | | |
|----------------|-------------------|-----------------|--|
| Name | | Known how long? | Telephone Number |
| Street Address | | | Home: () - Work: () - |
| City | State or Province | Postal Code | Country |

10.**Authorization to Release Information**

In connection with my application to work at Sandia National Laboratories, I hereby authorize any persons or organizations having any information pertaining to my employment background, including information covered by the Privacy Act of 1974 or to my personal background, including my credit record and any record with law enforcement agencies, to release such information to Sandia National Laboratories, or its duly authorized representative. Furthermore, I agree that all such parties be held harmless from liability concerning such release of information. I agree and understand that a photocopy of this authorization may serve as an original.

Signature Certification and Authorization

I certify that the information on this document is correct and complete to the best of my knowledge and belief. In the event of employment, I understand that giving false or misleading information or omitting requested information on my resume, in interview(s), or on this form may result in discharge. I am also authorizing the release of information by Sandia Corporation to any party for the purpose of verifying the information I have provided.

Note: If applicant is under the age of 18, a parent or guardian must sign below.

Name (printed): _____

Signature: _____ Date: ____/____/____

Parent or Guardian Signature (if applicant is under 18): _____